

STATE OF MAINE HEALTH INSPECTION PROGRAM

LICENSE APPLICATION FOR **EATING & LODGING**

Applicant Information

Establishment Name: _____

Location of Business, E-911 Address: _____ Town/City, Zip Code: _____

Mailing Address; Town/City, Zip Code: _____

Business Telephone: _____ Business E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Contact FAX #: _____ Contact E-mail: _____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED FOR COMPLETION. IT'S ILEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.

1. Licensing Information:

This business (check one):

- ☐ is new and has never been licensed.
- ☐ is presently ☐ was previously licensed by the Health Inspection Program (HIP). If so, provide HIP License EST ID# _____
- ☐ is presently ☐ was previously licensed by the Department of Agriculture, Conservation & Forestry (DACF). If so, provide Department of DACF ID# _____

2. Business Information:

Please check one: ☐ Corporation/LLC ☐ Individual ☐ Partnership ☐ Association ☐ Other**Corporation/LLC, Individual, Partnership, Association or Other Name:** _____**Owner(s) Name:** _____**Owner(s) Mailing Address:** _____

My business corporation is in good standing with the Secretary of State and all State Licensing Boards.

☐ Yes ☐ NoPlanned Opening Date: _____ (Allow at least 30 days following your submission of a **completed** application before planning to open.)

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name: _____

4. Business Proposal:

A. Check all boxes that apply: Are you proposing to ☐ remodel ☐ change ownership ☐ change use ☐ increase use or ☐ other? Specify: _____

B. Describe the business: _____

C. If applicable, indicate the proposed number of:

Seating: Indoor Dining Seats: _____ **Outdoor Dining Seats: _____ Vending Machines: _____

Lodging: Rooms: _____ Cottages: _____

Pools/Spas: If you have a public pool or spa included in your establishment, please complete the License Application for Public Pools and Spas; HHE-640.

****For Fees and Septic review purposes, outdoor seating is only counted in total number of seats if there is inside seating and there are 30 or more outdoor seats, or there is wait staff service to the outdoor seats regardless of number of seats.**

5. License Type & Fees: Check (✓) the appropriate box for your proposal:

EATING	CHECK HERE	FEES
Business Enterprise PR (Division of the Blind)		No Charge
Catering		\$270.00
Correctional Facility		\$270.00
Eating Place - Takeout		\$220.00
Eating Place, Tier 1: 1-29 seats		\$220.00
Eating Place, Tier 2: 30-75 seats		\$265.00
Eating Place, Tier 3: More Than 75 Seats		\$300.00
Eating Place - Limited Menu		\$205.00
Eating - School		\$100.00
Eating - School Catering		\$100.00
Eating - School Satellite		\$100.00
Eating Place - Commissary		\$300.00
Vending Company		\$105.00
Senior Citizen Meal Site		\$30.00
LODGING		
Bed and Breakfast – 5-Rooms or Less		\$135.00
Bed and Breakfast – 6-Rooms or More		\$205.00
Lodging Place, Tier 1: 4 -15 Rooms		\$205.00
Lodging Place, Tier 2: 16 -75 Rooms		\$240.00
Lodging Place, Tier 3: More Than 75 Rooms		\$270.00
COMBINATION		
Food Service At Youth Camps (Eating and Catering)		\$300.00
Eating and Catering		\$300.00
Eating and Lodging		\$300.00
CAMP		
Sporting/Recreational Camp		\$240.00

MISCELLANEOUS FEES	
Reprint License	\$25.00
Late Renewal within 30 days of license expiration date	\$25.00
Late Renewal more than 30 days after expiration date	\$100.00 for 1 st offense + \$25 for first 30 days
Additional Inspection	\$100.00
Insufficient Funds	\$25.00
Nonprofit – No license required if fewer than 12 events/year	\$0.00

A separate State issued Liquor License is required if you plan to sell or serve alcoholic beverages. You must be in compliance with Health Inspection Program License requirements to obtain and retain a Liquor License. For more information, go to Liquor Licensing and Compliance at www.maine.gov/dps/liqr/applying.html or at 207-624-7220. Additional licenses may also be required, including but not limited to a Municipal Victualer's License. Please contact your Town or City for more information.

6. Drinking Water:

- A. Does your water come from a city/town water supply? ☐ Yes ☐ No

If yes, provide the name of the city/town water supplier to which you pay your water bill _____ and **skip to Item 7**, Wastewater Disposal, on the following page.

If no, continue:

- B. Is or was your business regulated by the State Drinking Water Program as a public water system?

☐ Yes ☐ No ☐ Don't Know (**If your business uses city/town water you are not a regulated public water system**).

- If yes, provide your Public Water System ID # _____, check the boxes that apply in section "C." below and **skip** to Item 7, Wastewater Disposal, on the following page.
- If you checked **Don't know**, contact the Drinking Water Program at 207-287-2070 for assistance. If the Drinking Water Program provides you with PWSID #, enter it here: _____, check the boxes that apply in section "C." below and skip to Item 7, Wastewater Disposal, on the following page
- If no, continue:

- C. Will your business serve tap water in any of the following forms? Check all which apply.

- ☐ Cups/glasses of water.
- ☐ Drinks made on site (soda, lemonade, slush drinks, iced tea, juices, etc.).
- ☐ Ice made onsite.
- ☐ Drinking water fountain.
- ☐ Cups in the restroom or near any sink available to the public.
- ☐ Water used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.
- ☐ Other, specify: _____

- If you did not check any boxes above and your business was not a regulated public water system in the past, complete the water tests listed in E.1.a & b below and submit water test results with this application. **Skip** to Item 7, Wastewater Disposal, on the following page.
- If you did check any boxes above, continue.

- D. Indicate source, or potential source, of water ☐ **Drilled Well** ☐ **Dug Well** ☐ **Surface Water**.

If you checked "Dug Well" or "Surface Water" call the Drinking Water Program at 207-287-2070 and **skip** to Item 7, Wastewater Disposal, on the following page.

- E. Is the drinking water well an existing well (already drilled?) ☐ Yes ☐ No

If No, please STOP. Contact the Maine Drinking Water Program at 207-287-2070 for further instructions before drilling the well.

If Yes, please provide the following:

E.1 Water Test Results from a Certified Laboratory for the following tests:

- Total Coliform bacteria, nitrate, and nitrite: samples must be taken within three months before the date this application is received.
- Fluoride, chloride, hardness, antimony, iron, pH, manganese, uranium, arsenic: samples must be taken within one year before the date this application is received.
- If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.
- Additional sampling may be required if known contamination has occurred near the well.
For a list of Certified Laboratories, see www.medwp.com or call the Maine Drinking Water Program at 207-287-2070.

E.2 A site plan (more detailed map of the well site)

E.3. Drilled well construction information (if known):

Depth_____ft. Length of casing_____ft. Yield_____gal/min.

E.4 A description of the major components in the water system:

Storage (type of tank and size): _____

Treatment (type, manufacturer): _____

Piping (type, above or below ground): _____

E.5 Distance from the well to the nearest point of all leachfields (septic systems) within 300 feet? _____(feet). ***If less than 300 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.***

E.6 Distance from the well to all underground storage tanks within 1000 feet? _____(feet). ***If less than 1000 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.***

E.7 Distance from the well to the nearest property line? _____(feet)

E.8 How much land is controlled and/or owned around the well? _____(acres)

If you qualify as a public water system (PWS), you will be assessed a fee by the Maine Drinking Water Program on July 1st of each year.

7. Wastewater Disposal:

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing? ☐ Yes ☐ No

If yes, you must complete the attached “Onsite Wastewater Disposal System – Local Review and Verification Form” (Appendix C) and have your Local Plumbing Inspector verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the wastewater to be generated as required by the Rules or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) please contact the Department at 207-287-7690 to request a search of the State database of disposal system records.

Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.

Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

If no, please provide the name of the city, town or utility district to which you pay your sewer bill, or a copy of an overboard discharge license issued by the Maine Department of Environmental Protection.

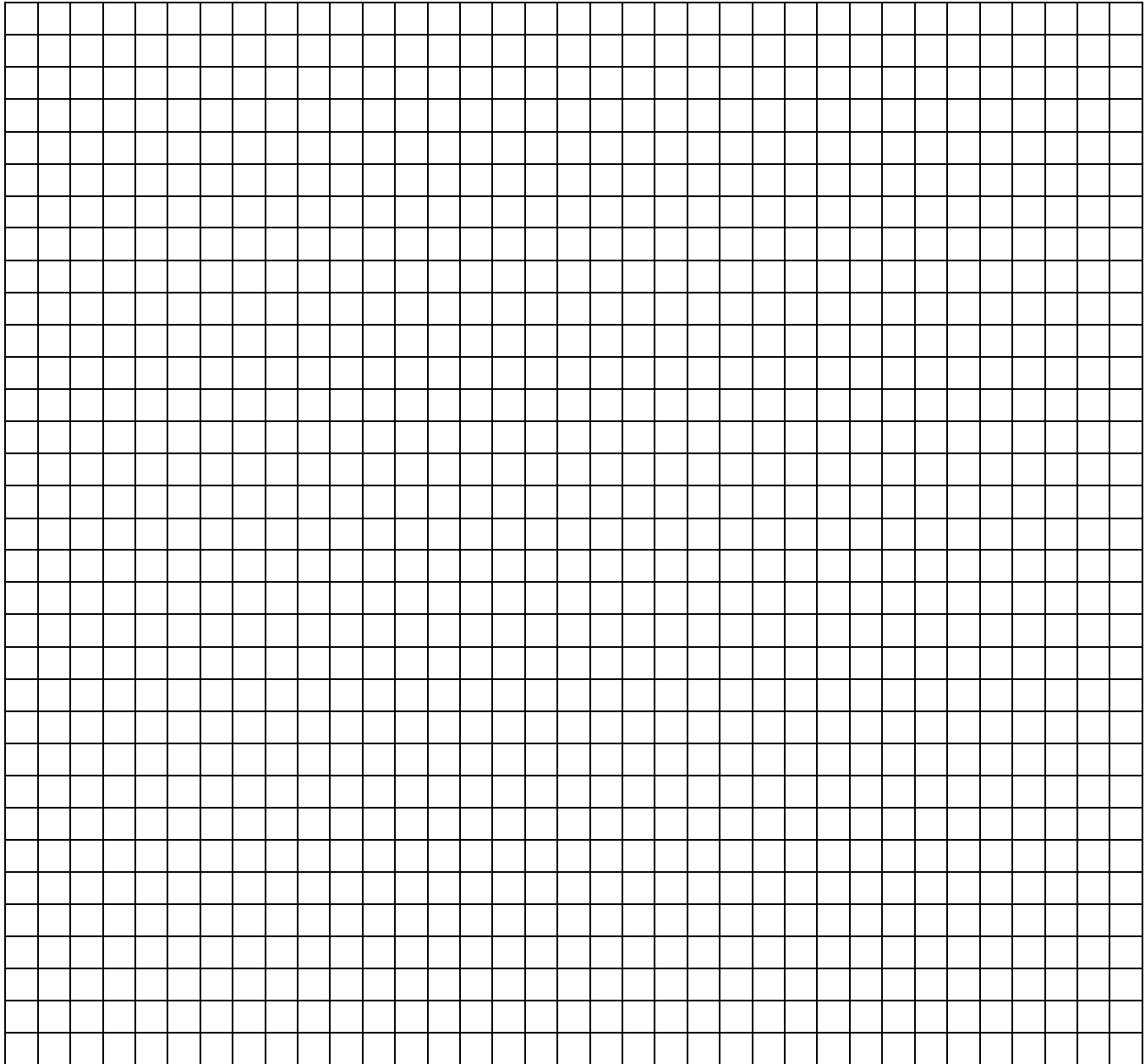
Public Sewer Entity: _____

8. Menu:

Attach a copy of your menu, or a draft menu

9: Kitchen or Food Preparation Area Plan:

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled.



The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Toilets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Sinks	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

10. Eating Place Business Review:

Complete the table below by filling in the blanks, and placing a check mark or number where appropriate.

COLD STORAGE		PROPOSED OPERATING HOURS			SERVICE PROVIDED	
Walk-in Cooler		Sunday:	AM/PM	AM/PM	Take-out	
Reach-in Refrigerator		Monday:	AM/PM	AM/PM	Buffet	
Closed Display Refrigerator		Tuesday:	AM/PM	AM/PM	Sit-Down	
Open Display Refrigerator		Wednesday:	AM/PM	AM/PM	Delivery	
Refrigerated Buffet Unit		Thursday:	AM/PM	AM/PM	Window	
Beverage Cooler		Friday:	AM/PM	AM/PM	Catering	
Refrigerated Food Prep. Unit		Saturday:	AM/PM	AM/PM	Single Service	
Rapid Pull-down Refrigerator					Tableware	
Walk-in Freezer		KITCHEN EQUIPMENT & SINKS (Numbers)			TOILET FACILITIES	
Reach-in Freezer		Ice Machine(s)			Number of Fixtures:	
Closed Display Freezer		Ware washing Sink(s) with 3 basins			Men's Bathroom	
Open Display Freezer		Ware washing Sink(s) with 2 basins			Toilets	
Freezer Buffet Unit		Hand washing Sink(s)			Urinals	
Other		Utility Sink(s)			Sinks	
		Food Prep Sink(s)				
		Ware washing Machine(s)			Women's Bathroom	
Metal Shelves		Microwave(s)			Toilets	
Wooden Shelves		Hot Holding				
Plastic Shelves		Oven(s)			Sinks	
Cabinets		Other				
Bins (food grade)		Meals being served: Please check all that apply			Employee Bathroom	
Barrels (food grade)		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper			Toilets	
Bulk					Urinals	
Pallets					Sinks	
Other					Other (describe)	
CERTIFIED FOOD PROTECTION MANAGER(S) See below.						
Name:		Certificate Date:				
Name:		Certificate Date:				
Name:		Certificate Date:				
Name:		Certificate Date:				
IMPORTANT: In order to complete your application, you MUST submit a valid copy of your Certified Food Protection Manager with your application for new establishments, or change of ownership. Contact the Health Inspection Program at 207-287-5671 for more information. Go to www.maine.gov/healthinspection for a list of CFPM courses. Provide a <u>copy</u> of a CFPM certificate for each certified person.						

11. Signature:

I, _____, Owner/Operator of the business, hereby state that this

PLEASE PRINT NAME CLEARLY

application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

Applicant's Signature _____ Date of Signature _____

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PLEASE MAIL TO:

**HEALTH INSPECTION PROGRAM
286 WATER STREET 3rd FLOOR
AUGUSTA ME 04333-0011**



Please refer to the License Type & Fees for specific fees for various licenses on page 2

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE
WALK-INS: WE DO ACCEPT CASH, CASH MUST BE IN THE EXACT AMOUNT ONLY.
(Fees are non-refundable.)**

For more information, please refer to our rules <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>
Ch. 200: Maine Food Code, Ch. 206: Rules Relating to Lodging Establishments

If you have questions, please call the Health Inspection Program at 207-287-5671.

We wish you remarkable success in your business!

Appendix C
Onsite Wastewater Disposal System - Local Review and Verification Form

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

Health Inspection Program
Onsite Wastewater Disposal System Local Review and Approval Form HHE-602
Appendix C

To be completed by the Owner/Applicant

Date: _____

Facility Name: _____

Facility Physical Address: _____

Facility: [] Owner [] Operator: _____

Telephone: _____ E-Mail _____

Mailing Address if different from address above: _____

1. Check all boxes that apply: Are you proposing ☐ new construction ☐ remodeling ☐ ownership
☐ change ☐ change in use ☐ increased use or ☐ other? Specify: _____
2. Please describe the proposed use or proposed change in existing use for this property:
 - a. Prior use as licensed: _____ (for example, "a takeout with no seats", "a 40 site campground" or "not previously licensed");
 - b. Proposed use: _____ (List number of units for example, "40 seat restaurant", "a 30-unit motel" or "no change in use").
 - c. Are you a new owner of the establishment (please circle)? Yes No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A)** the existing wastewater disposal system has the capacity required for your proposal; or, **B)** you have had a new or expanded wastewater disposal system designed that will meet the requirements for proper wastewater disposal. **Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites

_____ SEATS-IN _____ SEATS-OUT _____ ROOMS _____ COTTAGES
_____ CAMPGROUND SITES _____ YOUTH CAMP CAMPERS _____ YOUTH CAMP
STAFF

(To request a record search for difficult to find permits please visit www.mainepublichealth.gov/septic-systems)

I, _____, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature _____ Date _____